

# FSA Guide



Flexible Spending Accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA you do not pay federal or FICA (Social Security) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

King County offers two types of FSAs:

- Health Care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your health plans (for example, the cost of orthodontia not fully paid by your dental plan and copays for office visits).
- Dependent Care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

This guide explains how FSAs work and includes an FSA Enrollment Form on the last page. If you want to enroll in an FSA, complete and return the enrollment form to Benefits and Retirement Operations *within 30 days of when your other benefits begin*.

We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between this guide and the contracts or other legal documents, the legal documents will always govern. King County intends to continue this plan indefinitely but reserves the right to amend or terminate them at any time, for any reason, according to the amendment procedures described in the legal documents. This guide does not create a contract of employment between King County and any employee.

**Call 206-684-1556 for alternate formats.**

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## Administrative Facts

The following is plan information you might need when dealing with benefit claims and questions.

Plan Name	Health Care Flexible Spending Account (also known as Health Care Personal Choice Account®) Dependent Care Flexible Spending Account (also known as Dependent Care Personal Choice Account®)
Plan Year	January 1 – December 31
Plan Sponsor	If you have questions about FSA eligibility or enrollment, contact Benefits and Retirement Operations. Information, including copies of the FSA plan booklet, is also available at <a href="http://www.metrokc.gov/employees/benefits/flexible_spending_accounts/default.aspx">www.metrokc.gov/employees/benefits/flexible_spending_accounts/default.aspx</a> (the booklet is for regular employees and part-time Local 587 employees, but its contents apply to deputy sheriffs, too).  <b>Benefits and Retirement Operations</b> Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 E-mail <a href="mailto:kc.benefits@metrokc.gov">kc.benefits@metrokc.gov</a> Web <a href="http://www.metrokc.gov/employees/benefits">www.metrokc.gov/employees/benefits</a>
Type of Administration	The FSA Plan is administered for King County according to the terms of an agreement with Personal Choice Account (PCA). Contact PCA if you have questions about eligible expenses or reimbursement.  <b>Personal Choice Account</b> PO Box 3199, Portland OR 97208-3199 Phone 1.800.334.4340 Fax 1.800.979.8987 E-mail <a href="mailto:pca@regence.com">pca@regence.com</a> Web <a href="http://www.myflexmoney.com">www.myflexmoney.com</a>
Plan Funding	Plan benefits are funded through employee pretax salary reduction contributions, as permitted by Internal Revenue Code Section 125.
Plan Expenses	In general, King County pays the administrative expenses of the Plan, to the extent those expenses are not paid from the Plan.

## How FSAs Work

You decide how much you want to contribute through payroll deduction to either a Health Care or Dependent Care FSA (or both) and indicate the amount(s) on the enrollment form you return to Benefits and Retirement Operations. When Benefits and Retirement Operations receives the form it verifies your eligibility and transmits the information to Payroll (so deductions can be taken) and a third-party administrator, Personal Choice Account (PCA). PCA sets up your FSA and administers it for King County.

As you incur eligible expenses, you submit Reimbursement Claim Forms (provided when you enroll and available from PCA), receipts and other required documentation to PCA, and PCA reimburses you from your account. Generally, reimbursement requests are processed within 48 hours of receipt. If the reimbursement is approved, a check is issued or direct deposit transmitted the night your request is processed and an explanation of reimbursement is mailed to your home. (Direct deposit forms are available from PCA.)

You may submit reimbursement requests for expenses incurred during the calendar year any time through March 31 of the following year (requests must be received by PCA no later than March 31), and you may submit multiple bills or receipts with one Reimbursement Claim Form.

## Health Care FSAs

### ► FSA versus Federal Income Tax Deduction

The IRS allows you to take a federal income tax deduction for certain eligible health care expenses if they exceed 7.5 % of your adjusted gross income, or you may set aside from \$300 (minimum) to \$6,000 (maximum) in pretax dollars in a calendar year to pay for these same expenses from a Health Care FSA (also called a Medical Care FSA or health care Personal Choice Account). For most people, the Health Care FSA makes the most sense, but consult a tax advisor to be sure.

### ► Dependent Eligibility

Generally, you may use a health care FSA to reimburse expenses for any family member who qualifies for coverage under your benefit plans. However, Internal Revenue Code Section 152 restricts use of a Health Care FSA to reimburse expenses for a domestic partner and domestic partner's children unless they live with you as members of your household and you provide over half their support during the calendar/plan year.

Internal Revenue Code Section 152 also allows you to reimburse expenses for:

- Any child, grandchild, stepchild, brother, sister, stepbrother, stepsister, parent, grandparent, stepparent, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law who receives over half his/her support from you during the calendar/plan year
- Any person not related to you but who lives with you as a member of your household and receives over half his/her support from you during the calendar/plan year.

If you reimburse expenses from a Health Care FSA for any dependents other than your spouse or dependent children, you may be required to provide an affidavit certifying them as eligible dependents based on the criteria described above.

### ► Eligible Expenses

Below and on the following page is a partial list of health care expenses eligible for reimbursement through a Health Care FSA. Consult with your tax advisor, IRS Publication 502 or PCA (eligible expenses are listed on the PCA website; see "Administrative Facts") if you have any questions. (The IRS publication references insurance premiums and long term care insurance as eligible deductible expenses on an individual tax return, but they are not eligible for Health Care FSA reimbursement.)

Eligible Expenses	
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Ambulance</li><li>• Artificial limbs</li><li>• Birth control pills, condoms, spermicides, pregnancy/ovulation kits</li><li>• Braille books and magazines</li><li>• Car controls for a disabled person</li><li>• Care for a mentally disabled child</li><li>• Chiropractor fees</li><li>• Christian Science practitioner fees</li><li>• Coinsurance/copays</li><li>• Contact lenses and contact cleaning solutions</li><li>• Cosmetic procedures to correct a problem arising from a medical condition</li><li>• Crutches</li><li>• Deductibles for medical, dental and vision plans</li><li>• Dental fees</li><li>• Dentures</li></ul>	<ul style="list-style-type: none"><li>• New baby expenses for medical conditions</li><li>• Obstetrical services</li><li>• Over-the-counter drugs used to treat/prevent illness/injury (limited)</li><li>• Operations</li><li>• Optometrist</li><li>• Orthodontics (non-cosmetic purposes)</li><li>• Orthopedic shoes</li><li>• Oxygen</li><li>• Physician fees</li><li>• Prescription drugs</li><li>• Psychiatric care</li><li>• Psychologist fees</li><li>• Radial keratotomy</li><li>• Routine physicals</li><li>• Seeing-eye dog and its upkeep</li><li>• Skilled nurse fees (including board and Social Security taxes you pay)</li></ul>

Eligible Expenses	
<ul style="list-style-type: none"> <li>• Diagnostic fees</li> <li>• Disabled person's cost for special home</li> <li>• Drug addiction treatment</li> <li>• Eyeglasses</li> <li>• Eye exams</li> <li>• Fertility treatment</li> <li>• Hearing aids and batteries</li> <li>• Home improvements for medical reasons</li> <li>• Hospital bills</li> <li>• Hypnosis for treatment of an illness</li> <li>• Insulin</li> <li>• Laboratory fees</li> <li>• Learning disability</li> <li>• Life fee to retirement home for medical care</li> <li>• Maternity care</li> <li>• Naturopathic treatment</li> <li>• Naturopathic remedies (if prescribed by physician for medical condition)</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Spa/pool equipment prescribed by physician and allowed by the IRS</li> <li>• Special schools for mentally impaired or physically disabled person</li> <li>• Telephone designed for hearing impaired person</li> <li>• Television/hearing impaired equipment</li> <li>• Therapeutic care for drug and alcohol addiction</li> <li>• Therapy received as medical treatment</li> <li>• Transportation expenses for medical purposes</li> <li>• Tuition at special school for disabled person</li> <li>• Tuition fee portion that goes for medical care</li> <li>• Vaccines</li> <li>• Weight loss programs (if prescribed by physician for medical condition)</li> <li>• Well-baby and well-child care</li> <li>• Wheelchair</li> <li>• Wigs required for medical purposes</li> <li>• X-rays</li> </ul>

## ► Ineligible Expenses

Here is a partial list of health care expenses not eligible for reimbursement through a Health Care FSA. Again, consult with your tax advisor or PCA if you have any questions.

Ineligible Expenses	
<ul style="list-style-type: none"> <li>• Cosmetic procedures for non-medical reasons</li> <li>• Diaper services</li> <li>• Divorce expenses (even if recommended by a physician)</li> <li>• Domestic help fees (for services of a non-medical nature)</li> <li>• General counseling (e.g. family, marital or couple)</li> <li>• Health club programs, including fitness clubs and gyms</li> <li>• Health insurance premiums</li> </ul>	<ul style="list-style-type: none"> <li>• Lens replacement insurance</li> <li>• Long term care insurance premiums and expenses</li> <li>• Maternity clothes</li> <li>• Parking fees</li> <li>• Physical therapy treatments for general well-being</li> <li>• Vitamins, supplements and remedies taken for general well-being</li> </ul>

## ► Expense Estimator

All eligible expenses for you, your spouse and your eligible dependents are reimbursable from your Health Care FSA. Complete the worksheet on the following page or the worksheet at [www.personalchoiceaccount.com/documents/Employee\\_expense\\_worksheet.pdf](http://www.personalchoiceaccount.com/documents/Employee_expense_worksheet.pdf) to estimate eligible health care expenses not covered by your other benefits. An example showing FSA tax benefits is available at [www.personalchoiceaccount.com/documents/Info\\_Flyers-Pre-Enrollment\\_Flyer.pdf](http://www.personalchoiceaccount.com/documents/Info_Flyers-Pre-Enrollment_Flyer.pdf).

Expense Estimator Worksheet			
Medical Expenses	Estimated Plan Year Expenses	Vision Expenses	Estimated Plan Year Expenses
Copays	\$ _____	Copays	\$ _____
Deductibles	\$ _____	Deductibles	\$ _____
Physical exams	\$ _____	Eye exams	\$ _____
Prescription drugs	\$ _____	Prescription contact lenses	\$ _____
Surgical fees	\$ _____	Contact lens supplies	\$ _____
X-ray or lab fees	\$ _____	Prescription eyeglasses or sunglasses	\$ _____
Other medical expenses	\$ _____		
Dental Expenses		Other Expenses	
Copays	\$ _____	Acupuncture, chiropractors, naturopaths	\$ _____
Deductibles	\$ _____	Hearing aids	\$ _____
Dentures	\$ _____	Immunization fees	\$ _____
Examinations	\$ _____	Psychiatrist, psychologist, counseling (allowed for treatment of specific physical or mental disorder, e.g. depression, alcohol or drug treatment; diagnosis is necessary for reimbursement)	\$ _____
Orthodontia	\$ _____		
Restorative work (crowns, caps, bridges)	\$ _____		
Teeth cleaning	\$ _____		
Other dental expenses	\$ _____		
<b>Total Column 1</b>	<b>\$ _____</b>	<b>Total Column 2</b>	<b>\$ _____</b>

Total Column 1 \$ \_\_\_\_\_ + Total Column 2 \$ \_\_\_\_\_ = Total Estimated Expenses \$ \_\_\_\_\_

## ► Expense Reimbursement

How eligible expenses are reimbursed from a Health Care FSA depends on the type of expense you have: partially covered by health insurance, not covered by health insurance, or orthodontia expenses.

For expenses partially covered by insurance, you file a claim with your health plan. When you receive your Explanation of Benefits (EOB), you see how much the plan paid and the remaining balance due. You then request reimbursement for the remaining balance. Complete the Reimbursement Claim Form available from PCA (see Resource Directory), attach your EOB, and fax or mail the information to PCA.

For expenses not covered by insurance, complete the claim form and attach your itemized receipt(s) for the expense. Receipt(s) must show date of service, cost, service performed and provider of service. Canceled checks, credit card receipts or statements showing only "balance due" or "payment on account" cannot be accepted. Fax or mail the information to PCA.

For orthodontia services, you and your provider need to complete an "Orthodontic Charges Worksheet" and submit it to PCA before services begin; the worksheet (available from PCA; see Resource Directory) is used to calculate reimbursement. To be reimbursed, you must provide documentation such as a receipt of payment, claim form or payment coupon and it must include the patient name, provider name and tax ID number, and date of service.

Reimbursement can be made only after eligible expenses are incurred/services are provided, not when you are formally billed, charged for or pay for them. Therefore, if you pay your orthodontia provider in advance for services, you cannot be reimbursed in a lump sum. Instead, PCA will reimburse you for the down payment (up to 25% of the total fee) after the patient has been banded, then reimburse you monthly as documentation showing continuation of treatment is received. To calculate your monthly reimbursement, PCA takes the net balance (amount you owe after the down payment is deducted, and discounts and estimated insurance payments are applied) and divides it by the estimated months of treatment.

When your Health Care FSA reimbursement request is received and approved, you are reimbursed for your eligible expenses up to the maximum amount you elected, minus any previous reimbursements made during the calendar year. Even if your reimbursement request is greater than your current account balance, you will be reimbursed for the total amount of your request, up to the total Health Care FSA contribution you elected for the calendar year.

## **Dependent Care FSAs**

### **► FSA versus Federal Income Tax Deduction**

If you work full-time or part-time and have children, a disabled spouse, or elderly dependent parents and use dependent care services on a regular basis, you may take an income tax credit for your dependent care expenses or you may set aside pretax dollars to pay for these same expenses from a Dependent Care FSA (also called a dependent care Personal Choice Account).

The minimum you may contribute to a Dependent Care FSA is \$300 per calendar year. The maximum you may contribute is \$5,000 per calendar year, depending on your family situation. If more than one of the following situations applies to you, your maximum contribution is the lesser of the two:

- If you are a working single parent, you may contribute up to \$5,000 per calendar year
- If you are married and filing a joint income tax return, you may contribute up to \$5,000 per calendar year; if your spouse also has access to a Dependent Care FSA, your combined limit is \$5,000
- If you are married and filing separate income tax returns, you may contribute up to \$2,500 per calendar year
- If you are married and your spouse is a full-time student or disabled (defined by the IRS as physically or mentally incapable of self-care), you may contribute up to \$3,000 per calendar year for one dependent, or up to \$6,000 per calendar year for two or more dependents
- If you are married and your spouse earns less than \$5,000, you may contribute up to the amount of your spouse's annual income.

For the federal tax credit, if you're married and your spouse is a full-time student or disabled (defined by the IRS as physically or mentally incapable of self-care), you may claim up to \$3,000 a calendar year for one dependent, or up to \$6,000 a calendar year for two or more dependents.

To determine whether the Dependent Care FSA or the federal tax credit (or combination of both) is best for you, consult a tax advisor.

### **► Your Eligibility**

To qualify, you must be at work while your eligible dependents receive care. You must also meet one of the following eligibility requirements:

- You are a single parent
- You have a working spouse
- Your spouse is a full-time student at least 5 months during the calendar year while you are working
- Your spouse is mentally or physically unable to care for him/herself
- You are divorced or legally separated and have custody of your child most of the time (even though your former spouse may claim the child for income tax purposes).

## ► **Dependent Eligibility**

Eligible dependents for this plan include children, spouse, and dependent parents:

- Your child under age 13 of whom you have custody and for whom you are entitled to claim a deduction on your federal tax return. For children of divorced or separated parents, only the parent with custody can consider the child an eligible dependent under this plan.
- Incapacitated parent residing in your household full time
- Your child of any age who is physically or mentally unable to care for him/herself
- Your spouse who is physically or mentally unable to care for him/herself.

## ► **Eligible Expenses**

The following types of care are reimbursable from a Dependent Care FSA:

- Care provided inside or outside your home by anyone other than your spouse, a person you list as your dependent for income tax purposes, or one of your children under age 19
- A dependent care center or child care center (if the center cares for more than six children, it must comply with all applicable state and local regulations)
- A housekeeper, au pair or nanny whose services include, in part, providing care for a qualifying dependent
- Adult care for an incapacitated spouse or parent; this includes only the day care expenses; nursing/medical care does not qualify for reimbursement through a Dependent Care FSA, but may qualify under a Health Care FSA.

To qualify for reimbursement, you must provide your dependent care provider's tax ID number, Social Security number or license number on your federal tax return. If you fail to do so, your Dependent Care FSA reimbursements may be reclassified as taxable income by the IRS. You must still complete IRS Form 2441 when reporting taxes at the end of each calendar year.

You are responsible for making sure the expenses you submit for reimbursement are considered eligible expenses by the IRS. If you're not sure whether an expense is eligible, consult a tax advisor or contact PCA.

## ► **Ineligible Expenses**

Expenses for overnight camps and education (including kindergarten) are generally not reimbursable. However, if the cost of tuition and dependent care can be separated, the itemized cost of the dependent care is reimbursable. Consult a tax advisor.

## ► **Expense Reimbursement**

To get reimbursed from a Dependent Care FSA, complete the Reimbursement Claim Form (provided when you enroll and available from PCA), attach any appropriate receipts, or have the dependent care provider sign the claim form instead of a receipt. Fax or mail the information to PCA.

If you submit a reimbursement request for an amount that is more than your account balance, you are reimbursed up to the amount you currently have in your account. When future contributions are made to your account, you automatically receive another reimbursement, until your total claim amount has been reimbursed or you reach your calendar year election amount.

## **Other Considerations**

### ► **Health Care and Dependent Care FSAs Don't Mix**

Health Care and Dependent Care FSAs are separate. The money you allocate for one cannot be used for the other and you cannot transfer dollars between accounts.



## ► Use It or Lose It

You may request reimbursement from an FSA through March 31 of the following year for eligible expenses incurred during the plan/calendar year (your request must be received by PCA no later than March 31). Any money left in your FSA after March 31 is forfeited by IRS regulations.

## ► FSA Contributions Can Affect Social Security

Because you and the county don't pay Social Security (FICA) taxes on the money you contribute to an FSA, your future Social Security benefits may be reduced slightly. However, you may find that the tax savings gained through participation in an FSA outweighs any loss in benefits. Consult a tax advisor.

## ► Changes Outside Open Enrollment are Restricted

The election you make when you enroll for an FSA remains in effect for the entire calendar year. You may only change your elections (begin, increase, decrease or stop contributions to an FSA) during open enrollment (for the following plan/calendar year) or when you have a qualifying status change:

- Change in your legal marital status due to marriage, legal separation, annulment, divorce or death of a spouse
- Change in the number of your tax dependents due to birth, adoption or placement for adoption, or death of a dependent
- Change in employment status for you, your spouse or dependent due to termination or commencement of employment, reduction or increase in work hours, switch from salaried to hourly-paid/union to non-union/part-time to full-time, strike or lockout, beginning or return from unpaid leave of absence or any other change which affects benefit eligibility
- Change in the place of residence or work of you, your spouse or dependent which affects benefit eligibility
- Change that causes a dependent to satisfy or cease to satisfy the requirements for coverage due to age, gain or loss of student status, marriage or any similar circumstances provided for in the benefit plans
- Change due to certain judgments and court orders
- Change in cost of dependent care due to change in provider
- Significant change in coverage or cost due to employer benefit plan changes.

You have 30 days from the date of a qualifying status change to modify your FSA election, and the change must be consistent with and on account of the status change. To make the change, return a Flexible Spending Account Change form to Benefit and Retirement Operations. The form is available from Benefits and Retirement Operations at [www.metrokc.gov/employees/benefits/flexible\\_spending\\_accounts/forms.aspx](http://www.metrokc.gov/employees/benefits/flexible_spending_accounts/forms.aspx).

## ► If You Leave Employment

If you leave employment you may continue participating in your Health Care FSA (contributing to the account and requesting reimbursements) through the end of the calendar year as long as you elect to continue the FSA under COBRA or retiree medical benefits. You have until March 31 of the following year to submit reimbursement requests for expenses incurred during the previous calendar year while under COBRA or retiree medical benefits.

If you leave employment but don't continue your Health Care FSA under COBRA or retiree medical benefits, your participation in your FSA ends the day you leave employment. You have until March 31 of the following year to submit reimbursement requests for expenses incurred through the date you leave.

If you leave employment, your participation in your Dependent Care FSA ends the day you leave employment. You have until March 31 of the following year to submit reimbursement requests for expenses incurred through the date you leave.

## Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
<b>Benefits – General</b> <ul style="list-style-type: none"> <li>▪ Eligibility</li> <li>▪ Open enrollment and making changes</li> <li>▪ Flexible Spending Account enrollment</li> <li>▪ Life, AD&amp;D and LTD insurance plan details</li> <li>▪ Alternate formats</li> </ul>	<b>Benefits and Retirement Operations</b> Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 (outside local calling area) Fax 206-684-1925 E-mail <a href="mailto:kc.benefits@metrokc.gov">kc.benefits@metrokc.gov</a> Web <a href="http://www.metrokc.gov/employees/benefits">www.metrokc.gov/employees/benefits</a>
<b>Flexible Spending Accounts (FSAs)</b> <ul style="list-style-type: none"> <li>▪ Account balances</li> <li>▪ Reimbursement</li> <li>▪ Other plan details</li> </ul>	<b>Personal Choice Account (PCA) offered by Regence BlueCross and BlueShield of Oregon (formerly Associated Administrators Inc.)</b> The Personal Choice Account PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 Fax 1-800-979-8987 E-mail <a href="mailto:pca@regence.com">pca@regence.com</a> Web <a href="http://www.myflexmoney.com">www.myflexmoney.com</a>

# Flexible Spending Account Enrollment



Complete this form to enroll in a Health Care FSA, Dependent Care FSA or both. Return the form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 *within 30 days of when your other benefits begin*. To have FSA reimbursements direct deposited, go to [www.personalchoiceaccount.com/documents/Employee\\_Direct\\_Deposit\\_Form.pdf](http://www.personalchoiceaccount.com/documents/Employee_Direct_Deposit_Form.pdf) or call Personal Choice Account (PCA) at 1-800-334-4340.

Name (print) \_\_\_\_\_ PeopleSoft Employee ID \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Paid ☐ 5<sup>th</sup> and 20<sup>th</sup> each month ☐ Every other Thursday

Effective date (*eligibility date verified by Benefits and Retirement Operations*)

☐ Please make effective when I'm eligible (mo/yr) \_\_\_\_\_ ☐ This is my annual re-enrollment (yr) \_\_\_\_\_

## Health Care FSA

Please check yes if you elect to participate and indicate the total amount you'd like deducted for the year. The minimum you may contribute is \$300; the maximum may not exceed \$6,000 annually. Whether you're paid 24 or 26 times per year, a maximum of 24 payroll deductions will be taken. The per paycheck deduction amount is determined by the date your enrollment is processed and made effective.

☐ Yes, I elect to participate. Please deduct a total of \$ \_\_\_\_\_ PER YEAR from my paychecks in 200\_\_\_\_.

## Dependent Care FSA

Please check yes if you elect to participate and indicate the total amount you'd like deducted for the year. The minimum you may contribute is \$300; the maximum may not exceed: 1) the lower of husband's or wife's earned income, 2) \$5,000 annually if married filing jointly or head of household or 3) \$2,500 annually if married filing separately. Whether you're paid 24 or 26 times per year, a maximum of 24 payroll deductions will be taken. The per paycheck deduction amount is determined by when your enrollment is processed and made effective.

☐ Yes, I elect to participate. Please deduct a total of \$ \_\_\_\_\_ PER YEAR from my paychecks in 200\_\_\_\_.

## Authorization

*I authorize King County to withhold a portion of my pre-tax employment compensation and deposit these funds to the FSA(s) I've designated above. In consideration of King County allowing me to participate in the plan, I agree to abide by the terms, conditions and provisions of the plan contained in the county's plan document. I have been informed the plan may be modified from time to time and I agree King County may cancel or amend the plan according to its independent judgment and discretion. I understand I will be notified in advance of any changes. I acknowledge my right to examine the plan document or obtain a copy of it by giving reasonable advance notice to the plan administrator and paying a reasonable copy cost.*

*I acknowledge the Internal Revenue Code and the plan permit me to claim reimbursement only for my eligible expenses incurred after the effective date of my FSA elections. I understand the Internal Revenue Code prohibits me from claiming the Federal Child Care Tax Credit for dependent care assistance expenses which are reimbursed to me by the plan. I assume full responsibility for all taxes, penalties, interest or other consequences, which may be assessed to or imposed on me by any state, federal or other governmental taxing authority as a result of my requesting and receiving reimbursements from the plan for disallowed expenses.*

*I choose to participate in the FSA Program with the knowledge that my salary reduction elections may reduce my FICA withholdings (Social Security) and this may reduce my Social Security benefits upon retirement.*

*I understand I must claim reimbursement for eligible expenses incurred during the calendar year on or before 90 days after the last day of the calendar year or I will forfeit those reimbursements. I further acknowledge I will forfeit all funds credited to my FSAs, which are not reimbursed to me.*

*I understand the total amount I have requested will be deducted for the year I have indicated, but my per paycheck deduction amount will be determined by when my enrollment is processed and made effective.*

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Office Use Only	Received	Eligibility Verified	Copy to PCA	FSA Effective Date
	Date Staff Name	Date Staff Name	Date Staff Name	

